

OFFICE OF THE STATE CONTROLLER

STATE MANDATED COST CLAIMING INSTRUCTIONS NO. 2007-20

ANNUAL REVISIONS - COMMUNITY COLLEGE DISTRICTS

NOVEMBER 2, 2007

Government Code (GC) section 17561 provides for the reimbursement of state mandated costs. Enclosed is information for updating the Mandated Cost Manual for Community Colleges. The manual contains all forms and instructions that are necessary for community college districts (CCDs) to file 2006-07 fiscal year annual claims with the State Controller's Office (SCO).

Estimated claims for costs to be incurred during the 2007-08 fiscal year and reimbursement claims detailing the costs actually incurred in the 2006-07 fiscal year must be filed with the SCO. **Claims must be delivered or postmarked on or before February 15, 2008.** If the reimbursement claim is filed after the deadline, but by February 15, 2009, the approved claim will be reduced by a late penalty of 10% for initially filed claims and for continuing programs, the late fee is 10% not to exceed \$10,000. Claims will not be accepted if filed more than one year after the deadline.

Pursuant to GC section 17561 (d), the Controller shall pay any eligible claim by August 15 or 45 days after the date the appropriation for the claim is effective, whichever is later.

Amounts appropriated for the payment of program costs are shown beginning on page 3, under "Appropriations for the 2007-08 Fiscal Year." The fiscal years for which costs can be claimed for mandated cost programs are shown beginning on page 4, under "Reimbursable State Mandated Cost Programs." To prepare 2007-08 estimated claims and 2006-07 reimbursement claims, forms in the manual should be duplicated to meet the district's filing requirements. Claim amounts should be rounded to the nearest dollar.

Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **(To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**

Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
Other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

MINIMUM CLAIM COST

GC section 17564(a) provides that no claim shall be filed pursuant to sections 17551 and 17561, unless such claim exceeds one thousand dollars (\$1,000), provided that a county superintendent of community colleges may submit a combined claim on behalf of CCDs within their county if the combined claim exceeds \$1,000, even if the individual CCD's claim does not each exceed \$1,000. The county superintendent of community colleges shall determine if the submission of the combined claim is economically feasible and shall be responsible for disbursing the funds to each CCD. Combined claims may be filed only when the county superintendent of community colleges is the fiscal agent for the CCDs. A combined claim must show the individual claim costs for each eligible CCD. All subsequent claims based upon the same mandate shall only be filed in the combined form unless a CCD provides a written notice of its intent to file a separate claim to the county superintendent of community colleges and to the SCO at least 180 days prior to the deadline for filing the claim.

ESTIMATED CLAIMS

Unless otherwise specified in the claiming instructions, claimants do not have to provide cost schedules and supporting documents with the estimated claim if the estimated amount does not exceed the prior fiscal year's actual costs by more than 10%. The claimant can simply enter the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the prior fiscal year's actual costs by more than 10%, the claimant must complete claim forms as specified in the claiming instructions for the program and explain the reason for the increased costs. If the explanation to support the higher estimate is not provided, the claim will automatically be adjusted to 110% of the prior fiscal year's actual costs.

Updates of Rates and Factors

The following rates are to be used for filing 2006-07 reimbursement claims. These rates are computed by adjusting the 2005-06 rates by changes in the Implicit Price Deflator (IPD) as determined by the State Department of Finance's Report of April 30, 2007, National Deflators, State and Local Purchases. The estimated change in the IPD for 2006-07 is 3.9%. For the 07-08 estimated claims, districts may use the program's 2006-07 rates or increase the 2006-07 rates by the estimated 2007-08 IPD change of 2.6% to determine 2007-08 estimated claim amounts. In the subsequent fiscal year, the estimated amount must be adjusted to the actual cost.

- *Ch. 961/75, Collective Bargaining (Program No. 232)*

The 2006-07 GNP Deflator factor for adjusting the 1974-75 Winton Act cost is 4.031.

FINAL FILING DEADLINE FOR 2006-07 FISCAL YEAR CLAIMS

The filing deadline for 2006-07 reimbursement claims is **February 15, 2008**. A late penalty of 10% up to a maximum of \$10,000 for on-going claims will be applied to 2006-07 claims filed after February 15, 2008. **Claims filed after February 15, 2009, will not be accepted.**

APPROPRIATIONS FOR THE 2007-08 FISCAL YEAR**Source of State Mandated Cost Appropriations – 2007 State Budget Act (Chapter 171/172 of 2007)**

Schedule	Program	Amount Appropriated
----------	---------	---------------------

Item 6870-295-0001

Pgm. #			
-----------	--	--	--

231	Ch.	77/78 Absentee Ballots	0 ¹
232	Ch.	961/75 Collective Bargaining	0 ¹
233	Ch.	1120/96 Health Benefits for Survivors of Peace Officers and Firefighters	0 ¹
234	Ch.	1/84 Health Fee Elimination	\$3,989,000
256	Ch.	1116/92 Integrated Waste Management	0 ¹
235	Ch.	783/95 Investment Reports	0 ¹
212	Ch.	284/98 Law Enforcement College Jurisdiction Agreements	4,000
239	Ch.	465/76 Peace Officers Procedural Bill of Rights	0 ¹
240	Ch.	875/85 Photographic Record of Evidence	0 ¹
241	Ch.	908/96 Sex Offenders Disclosure by Law Enforcement Officers	11,000
247	Ch.	105/87 Sexual Assault Response Procedure	0 ¹
242	Ch.	1249/92 Threats Against Peace Officers	0 ¹
			<u>\$4,004,000</u>

SUSPENDED MANDATES FOR 2006-07 FISCAL YEAR

Pgm. #			
-----------	--	--	--

237	Ch.	486/75	Mandate Reimbursement Process
236	Ch.	126/93	Law Enforcement Sexual Harassment Training
243	Ch.	1170/96	Grand Jury Proceedings

Commission on State Mandates set aside the Parameters and Guidelines for the following program:

Pgm. #			
-----------	--	--	--

238	Ch.	641/86	Open Meetings/Brown Act Reform ²
-----	-----	--------	---------------------------------------------

¹ In accordance with Budget Item 6870-295-0001, no funds were appropriated for this program

² Commission on State Mandates set aside this program as directed by AB 138, Statutes of 2005.

REIMBURSABLE STATE MANDATED COST PROGRAMS

Claims for the following state mandated cost programs may be filed with the SCO. For your convenience, the programs are listed in alphabetical order by program name. An "X" indicates the fiscal year for which a claim may be filed.

2006-07 Reimburse- ment Claims	2007-08 Estimated Claims	Community College Districts		
x	x	231 Ch.	77/78	Absentee Ballots
x	x	270 Ch.	893/00	Agency Fee Arrangements
x	x	232 Ch.	961/75	Collective Bargaining
x	x	267	Title 5	Enrollment Fee Collection and Waivers
x	x	233 Ch.	1120/96	Health Benefits for Survivors of Peace Officers and Firefighters
x	x	234 Ch.	1/84	Health Fee Elimination
x	x	256 Ch.	1116/92	Integrated Waste Management
x	x	212 Ch.	284/98	Law Enforcement College Jurisdiction Agreements
x	x	239 Ch.	465/76	Peace Officers Procedural Bill of Rights
x	x	240 Ch.	875/85	Photographic Record of Evidence
x	x	241 Ch.	908/96	Sex Offenders Disclosure by Law Enforcement Officers
x	x	247 Ch.	105/87	Sexual Assault Response Procedure
x	x	242 Ch.	1249/92	Threats Against Peace Officers

AUDIT OF COSTS

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and that the claim was prepared in accordance with the SCO's claiming instructions and the Commission on State Mandate's Parameters and Guidelines (Ps and Gs). If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a CCD is subject to audit by the State Controller no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later.

However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and shall be made available to the SCO on request.

SOURCE DOCUMENTS

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

RETENTION OF CLAIMING INSTRUCTIONS

For your convenience, the revised claiming instructions in this package have been arranged in alphabetical order by program name. These revisions should be inserted in the Community College Mandated Cost Manual to replace the old forms. The instructions should then be retained permanently for future reference, and the forms should be duplicated to meet your filing requirements. Annually, updated forms and any other information or instructions claimants may need to file claims, as well as instructions and forms for all new programs released throughout the year will be placed on the SCO's Web site at **www.sco.ca.gov/ard/local/locreim/index.shtml**.

If you have any questions concerning mandated cost reimbursements, please write to us at the address listed for filing claims, send e-mail to **LRSDAR@sco.ca.gov**, or call the Local Reimbursements Section at (916) 324-5729.

Program 232	MANDATED COSTS COLLECTIVE BARGAINING CLAIM SUMMARY					FORM 1
(01) Claimant			(02) Type of Claim		Fiscal Year	
			Reimbursement <input type="checkbox"/>			
			Estimated <input type="checkbox"/>		20__/20__	
Rodda Act Direct Costs			Cost Elements			
(03) Reimbursable Activities	(a) Salaries and Benefits	(b) Materials and Supplies	(c) Travel and Training	(d) Contract Services	(e) Total	
1. Determining Bargaining Units and Exclusive Representation						
2. Election of Unit Representation						
3. Cost of Negotiations						
4. Impasse Proceedings						
5. Collective Bargaining Agreement Disclosure						
6. Contract Administration						
7. Unfair Labor Practice Charges						
(04) Total Rodda Act Direct Costs						
Winton Act Direct Costs						
(05) Base Year, 1974-75 Direct Costs						
(06) Base Year Direct Costs Adjusted by IPD			[Line (05)(e) x 4.031 for 2006-07 F.Y.]			
(07) Increased Direct Costs			[Line (04)(e) – line (06)]			
Indirect Costs						
(08) Total Rodda Act Direct Costs Less Costs Not Used in Distribution Base Calculation			[Line (04)(e) – line (04)(a), (b), (c), or (d)]			
(09) Base Year Costs Less Costs Not Used in Distribution Base Calculation Adjusted by IPD			[Line (05)(e) – (05)(a), (b), (c), or (d) x 4.031]			
(10) Increased Direct Costs Less Costs Elements			[Line (08) - line (09)]			
(11) Indirect Cost Rate			[Federally approved 2 CFR, Part 225, FAM-29C, or 7%]			%
(12) Increased Indirect Costs			[Line (10) x line (11)]			
(13) Total Increased Direct and Indirect Costs			[Line (07) + line (12)]			
Cost Reduction						
(14) Less: Offsetting Savings						
(15) Less: Other Reimbursements						
(16) Total Claimed Amount			[Line (13) – {line (14) + line (15)}]			

Program 232	COLLECTIVE BARGAINING CLAIM SUMMARY Instructions	FORM 1
------------------------------	-----------------------------------------------------------------------------	-------------------------

- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.
- Form-1 must be filed for a reimbursement claim. Do not complete Form-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, Form-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) For each of the reimbursable components, enter the total allowable cost from Form-2, line (05), columns (d) through (g) onto Form-1, block (03), lines (1) through (7), columns (a) through (d). Total each line and enter in column (e).
- (04) Add columns (03)(d) and (e) for Cost Elements, and enter the totals on this line.
- (05) Method A. Enter the 1974-75 Winton Act (base year) costs on line (05)(e). Enter on line (05)(d) any contract service costs included in line (05)(e).
- Method B. Enter the amount from Form-1.1, line (04)(b) onto line (05)(e). Enter on line (05)(d) any contract service costs included in line (05)(e).
- (06) Method A. Multiply the base year cost on line (05)(e) by the implicit price deflator (IPD). The 2006-07 IPD is 4.031.
- Method B. Enter the amount from Form-1.1, line (04)(d).
- (07) Subtract the Base Year Direct Costs Adjusted by the IPD, line (06), from Total Rodda Act Direct Cost, line (04)(e).
- (08) Enter the amount from Total Rodda Act Direct Costs, line (04)(e) less any cost element in column (04)(a), (b), (c), or (d) that was not included in the calculation of the distribution base.
- (09) Multiply line (05)(e) less any cost element in (05)(a), (b), (c), or (d), that was not included in the calculation of the distribution base by the IPD.
- (10) Subtract Base Year Costs, line (09), from Total Rodda Act Direct Costs, line (08).
- (11) Community college districts may use the federally approved rate from 2 CFR, Part 225, (formerly OMB A-21), the computed rate using form FAM-29C, or the 7% indirect cost rate.
- (12) Multiply Incremental Direct Costs line (10), by Indirect Cost Rate, line (11).
- (13) Enter the sum of Incremental Costs, line (07), and Incremental Indirect Costs, line (12).
- (14) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (15) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandate cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (16) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (14), and Other Reimbursements, line (15), from Total Direct and Indirect Costs, line (13). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

Program 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY FOR 06-07	FORM 1.1
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	----------------------------------------------------------------------------

(01) Claimant	(02) Type of Claim <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/> </div> <div style="text-align: right;"> Fiscal Year 20__/20__ </div> </div>
---------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(03) Name of College

(04) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986-87 fiscal year. If the "Less" box is checked, **STOP**, do not complete the form. No reimbursement is allowed.

LESS

☐

SAME

☐

MORE

☐

	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim			
(06) Cost of providing current fiscal year health services in excess of 1986-87			
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]			
(08) Complete columns (a) through (g) to provide detail data for health fees			

	Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(-c)-(-d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1.	Per Fall Semester							
2.	Per Spring Semester							
3.	Per Summer Session							
4.	Per First Quarter							
5.	Per Second Quarter							
6.	Per third Quarter							

(09) Total health fee that could have been collected: The sum of (Line (08)(1)(c) through line (08)(6)(c))	
(10) Subtotal [Line (07) - line (09)]	

Cost Reduction

(11) Less: Offsetting Savings	
(12) Less: Other Reimbursements	
(13) Total Claimed Amount [Line (10) - {line (11) + line (12)}]	

Program 234	HEALTH FEE ELIMINATION CLAIM SUMMARY FOR 06-07 Instructions	FORM 1.1
------------------------------	----------------------------------------------------------------------------------------	---------------------------

- (01) Enter the name of the claimant. Only a community college district may file a claim with the State Controller's Office (SCO) on behalf of its colleges.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form 1.1 must be filed for a reimbursement claim. Do not complete form 1.1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1.1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Enter the name of the college or community college district that provided student health services in the 1986-87 fiscal year and continue to provide the same services during the fiscal year of claim.
- (04) Compare the level of services provided during the fiscal year of reimbursement to the 1986-87 fiscal year and indicate the result by marking a check in the appropriate box. If the "Less" box is checked, STOP and do not complete the remaining part of this claim form. No reimbursement is forthcoming.
- (05) Enter the direct cost, indirect cost, and total cost of health services for the fiscal year of claim on line (05). Direct cost of health services is identified on the college expenditure report authorized by Education Code §76355 and included in the Community College Annual Financial and Budget Report CCFS-311, EDP Code 6440, column 5. If the amount of direct costs claimed is different than that shown on the expenditure report, provide a schedule listing those community college costs that are in addition to, or a reduction to expenditures shown on the report.
- (06) Enter the direct cost, indirect cost, and total cost of health services that are in excess of the level provided in the 1986-87 fiscal year.
- (07) Enter the difference of the cost of health services for the fiscal year of claim, line (05) and the cost of providing current fiscal year services that are in excess of the level provided in the 1986-87 fiscal year line (06).
- (08) Complete columns (a) through (g) to provide details on the number of students enrolled, the number of students exempt per EC Section 76355(c)(1), and (2) and the amount of health service fees that could have been collected. Effective with the Summer Session of 2006, the student fees for health supervision and services are \$15.00 per semester, \$12.00 for summer school, \$12.00 for each quarter, and \$12.00 for intersessions of at least 4 weeks. EC section 76355(c)(3) is not applicable after January 1, 2006.
- (09) Enter the sum of student health fees that could have been collected, other than exempt students.
- (10) Enter the difference of the cost of providing health services at the 1986-87 level, line (07) and the total health fee that could have been collected, line (09). If line (09) is greater than line (07), no claim shall be filed.
- (11) Enter the total savings experienced by the school identified in line (03) as a direct cost of this mandate. Submit a detailed schedule of savings with the claim.
- (12) Enter the total of other reimbursements received from any source, (i.e., federal, other state programs, etc.,) Submit a detailed schedule of reimbursements with the claim.
- (13) Subtract the sum of Offsetting Savings, line (11), and Other Reimbursements, line (12), from Total 1986-87 Health Service Cost excluding Student Health Fees.

Program 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY FOR 07-08	FORM 1.1
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	----------------------------------------------------------------------------

(01) Claimant	(02) Type of Claim <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/> </div> <div style="text-align: right;"> Fiscal Year 20__/20__ </div> </div>
---------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(03) Name of College

(04) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986-87 fiscal year. If the "Less" box is checked, STOP , do not complete the form. No reimbursement is allowed.			
LESS <input type="checkbox"/>	SAME <input type="checkbox"/>	MORE <input type="checkbox"/>	

	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim			
(06) Cost of providing current fiscal year health services in excess of 1986-87			
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]			
(08) Complete columns (a) through (g) to provide detail data for health fees			

	Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(-c)-(-d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1.	Per Fall Semester							
2.	Per Spring Semester							
3.	Per Summer Session							
4.	Per First Quarter							
5.	Per Second Quarter							
6.	Per third Quarter							

(09) Total health fee that could have been collected: The sum of (Line (08)(1)(c) through line (08)(6)(c))	
(10) Subtotal [Line (07) - line (09)]	

Cost Reduction	
(11) Less: Offsetting Savings	
(12) Less: Other Reimbursements	
(13) Total Claimed Amount [Line (10) - {(line (11) + line (12))}]	

Program 234	HEALTH FEE ELIMINATION CLAIM SUMMARY FOR 07-08 Instructions	FORM 1.1
------------------------------	----------------------------------------------------------------------------------------	---------------------------

- (01) Enter the name of the claimant. Only a community college district may file a claim with the State Controller's Office (SCO) on behalf of its colleges.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form 1.1 must be filed for a reimbursement claim. Do not complete form 1.1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form 1.1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Enter the name of the college or community college district that provided student health services in the 1986-87 fiscal year and continue to provide the same services during the fiscal year of claim.
- (04) Compare the level of services provided during the fiscal year of reimbursement to the 1986-87 fiscal year and indicate the result by marking a check in the appropriate box. If the "Less" box is checked, STOP and do not complete the remaining part of this claim form. No reimbursement is forthcoming.
- (05) Enter the direct cost, indirect cost, and total cost of health services for the fiscal year of claim on line (05). Direct cost of health services is identified on the college expenditure report authorized by Education Code §76355 and included in the Community College Annual Financial and Budget Report CCFS-311, EDP Code 6440, column 5. If the amount of direct costs claimed is different than that shown on the expenditure report, provide a schedule listing those community college costs that are in addition to, or a reduction to expenditures shown on the report.
- (06) Enter the direct cost, indirect cost, and total cost of health services that are in excess of the level provided in the 1986-87 fiscal year.
- (07) Enter the difference of the cost of health services for the fiscal year of claim, line (05) and the cost of providing current fiscal year services that are in excess of the level provided in the 1986-87 fiscal year line (06).
- (08) Complete columns (a) through (g) to provide details on the number of students enrolled, the number of students exempt per EC Section 76355(c)(1), and (2) and the amount of health service fees that could have been collected. Effective with the Summer Session of 2007, the student fees for health supervision and services are \$16.00 per semester, \$13.00 for summer school, \$13.00 for each quarter, and \$13.00 for intersessions of at least 4 weeks. EC section 76355(c)(3) is not applicable after January 1, 2006.
- (09) Enter the sum of student health fees that could have been collected, other than exempt students.
- (10) Enter the difference of the cost of providing health services at the 1986-87 level, line (07) and the total health fee that could have been collected, line (09). If line (09) is greater than line (07), no claim shall be filed.
- (11) Enter the total savings experienced by the school identified in line (03) as a direct cost of this mandate. Submit a detailed schedule of savings with the claim.
- (12) Enter the total of other reimbursements received from any source, (i.e., federal, other state programs, etc.,) Submit a detailed schedule of reimbursements with the claim.
- (13) Subtract the sum of Offsetting Savings, line (11), and Other Reimbursements, line (12), from Total 1986-87 Health Service Cost excluding Student Health Fees.